| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION BEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Circle One): TO: NEW STATE PLAN AMERICAL ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Circle One): TO: NEW STATE PLAN AMERICAL ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Circle One): TO: NEW STATE PLAN AMERICAL ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Circle One): TO: NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmitted for each amendment) TO: FEDERAL BUDGET IMPACT: SEE ATTACHMENT SEE ATTACHMENT (Separate Transmitted for each amendment) TO: FEDERAL BUDGET IMPACT: SEE ATTACHMENT TO: SEE ATTACHMENT TO: APPROVED THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO: SUBJECT OF AMENDMENT: AMENDMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHMENT (IF APPROVED): SEE ATTACHMENT OF THE SUPPRECEDED PLAN SECTION OR ATTACHME | | |
|--|--|--|
| FOR: HEALTH CARE FINANCING ADMINISTRATION 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 10. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 1. TYPE OF PLAN MATERIAL (Circle One): NEW STATE PLAN | | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Circle One): New STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30) and 1905(a) of the Social Security Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: LIJCHA K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Circle One): NEW STATE PLAN | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES 1. TYPE OF PLAN MATERIAL (Circle One): New STATE PLAN | | |
| 5. TYPE OF PLAN MATERIAL (Circle One): NEW STATE PLAN | | |
| NEW STATE PLAN | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) 6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30) and 1905(a) of the Social Security Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. ITILE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 18. DATE REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30) and 1905(a) of the Social Security Act 2. FFY 2002 \$ \$69) 2. FFY 2003 \$ \$(10,316) 3. FFY 2003 \$ \$(10,316) 4. FFY 2003 \$ \$(10,316) 5. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: LINDAR LINDAR LINDAR SEE ATTACHMENT 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT SEE ATTACHMENT 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT SEE ATTACHMENT SEE ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT OF ATTACHMENT SEE ATTACHMENT OF A SE9 SE9 THE SUPERSEDED PLAN SECTION OR ATTACHMENT OF ATTACHMENT OF A SE9 SE9 OF ATTACHMENT OF ATTACHMENT OF A SE9 SE9 OF ATTACHMENT OF A SE9 SE9 OF ATTACHMENT OF A SE9 OF A SE9 | | |
| 1902(a)(30) and 1905(a) of the Social Security Act 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT: 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| b. FFY 2003 \$(0,316) 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: LINDIA K. Wertz 13. TYPED NAME: LINDIA GOVERNOR'S COMMENT OFFICE USE ONLY 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| OR ATTACHMENT (If Applicable): SEE ATTACHMENT 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. 16. RETURN TO: Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 | | |
| 10. SUBJECT OF AMENDMENT: Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| Amendment 627 allows Texas to pay an insurance premium to maintain a third party resource for Medicaid-covered services for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz State Medicaid Director 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 | | |
| for eligible individuals. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz State Medicaid Director 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. Sent to Governor's Office this date. Comment, if any will be forwarded upon receipt. 16. RETURN TO: Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 | | |
| DO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 16. RETURN TO: Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| Linda K. Wertz 13. TYPED NAME: Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| 14. TITLE: State Medicald Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| 14. TITLE: State Medicald Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| Linda K. Wertz 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED: | | |
| 14. TITLE: State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| State Medicaid Director 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 15. DATE SUBMITTED: July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| July 17, 2002 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 17. DATE RECEIVED: 18. DATE APPROVED: | | |
| 07-17-2002 | | |
| | | |
| PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL: | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL: | | |
| 07-01-2002 Cal A, Chi | | |
| 21. TYPED NAME: 22. TITLE: | | |
| Calvin G. Cline Associate Regional Administrator Division of Medicaid and State Operations | | |
| 23. REMARKS: | | |
| | | |
| | | |
| | | |
| | | |

29b

Revision:

HCFA-PM-97-3

(CMSO)

December 1997

State: Texas

Citation

1843(b) and 1905(a) of the Act and 42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

- All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).
- Individuals receiving title II or Railroad Retirement benefits.
- XX Medically needy individuals (FFP is not available for this group).

1902(a)(30) and 1905(a) of the Act

(2) Other Health Insurance

XX The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

* All of the above individuals except:

Institutionalized individuals whose Medicaid eligibility is determined under the special income limit and who are not eligible for the QMB or SLMB programs. NOTE: State supplements are not applicable.

THERSEDES: THE 98-03

| STATE TOXAS | |
|-----------------------|---|
| DATE REC'D 07-17-2001 | |
| DATE APENO 68-16-2002 | Α |
| DATE EFF 07-01-2002 | |
| HCFA 179 TX-02-08 | |